



Walker River Paiute Tribe

1022 Hospital Road • P.O. Box 220 • Schurz, Nevada 89427

Telephone: (775) 773-2306

Fax: (775) 773-2585

APPLICATION FOR MEMBERSHIP

I hereby submit the following information for membership in the Walker River Paiute Tribe:

Applicant's Full Name: _____ Applicant's Birth Date: _____
 Last First Middle Maiden

Mailing Address: _____ Social Security #: _____
 Physical Address: _____ Telephone Number: _____
 Email Address: _____

ANCESTRY:

Natural Biological Father: _____ If Native American list Tribe and Roll Number: _____
 Last First Middle

Natural Biological Mother: _____ If Native American list Tribe and Roll Number: _____
 Last First Middle Maiden

Has the applicant ever been adopted? (Circle applicable answer) **NO** **YES**

Which 1906 Original Allottee, or 01/01/1935 Walker River Census Listing is the applicant claiming Enrollment Rights through for membership?

Name: _____ Relationship: _____
 Allotment/Census Number: _____

ELIGIBILITY: (Circle the appropriate answer)

Is the applicant an enrolled member of any federally recognized Tribe? **NO** **YES**
 If YES, what Tribe/Reservation: _____

FAMILY TREE:

Complete the Family Tree on reverse, listing all persons whether or not they are Native American.

BIRTH CERTIFICATE OR DNA TEST:

Submit a State or County Health/Vital Statistics Birth Certificate with Original Seal. No Birth Abstracts are accepted. If required submit a valid DNA test. These records will be retained in your permanent record whether accepted or not. The Enrollment Department may request additional information or documentation.

CERTIFICATION:

I BEING THE APPLICANT OR LEGAL GUARDIAN OF THE APPLICANT SOLEMNLY SWEAR THAT ALL INFORMATION PROVIDED IS ACCURATE AND CORRECT AND THAT ANY MISREPRESENTATION OF FACTS IS GROUNDS FOR TERMINATION OF MEMBERSHIP IF ACCEPTED.

 SIGNATURE PRINTED NAME RELATIONSHIP DATE